

**United States Bankruptcy Court
District of Massachusetts, Worcester Division**

IN RE:

Case No. 4:21-bk-40929

Gopher Courier Service, Inc.

Chapter 11

Debtor(s)

AMENDED VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) hereby verify(ies) that the attached matrix listing creditors is true to the best of my(our) knowledge.

Date: June 27, 2022

Signature: /s/ Matthew E. Kornn

Matthew E. Kornn, President and Owner

Debtor

Date: _____

Signature: _____

Joint Debtor, if any

A-Tech Automotive Co.
433 Boston Tpke
Shrewsbury, MA 01545-3462

Alex Aulet
93 Central St
Fitchburg, MA 01420-3128

Angel Pagan Davila
17 Marshall St Apt 3
Fitchburg, MA 01420-7511

Bislim Krasniqi
237 Millbury Ave
Millbury, MA 01527-3434

Budget Rental
6 Sylvan Way
Parsippany, NJ 07054-3826

Business Supportive Financing LLC
46 Copperfield Rd
Worcester, MA 01602-1326

Carlos Rodriguez
42 Burncoat Ter
Worcester, MA 01605-1302

Commonwealth Of MA unemployment
Dept Unemployment Legal Dept.
19 Staniford St Fl 1
Boston, MA 02114-2502

Dany Rodriguez
44 Thomas St Apt 3L
Southbridge, MA 01550-1906

Daryl Smith
161 Greeley St
Clinton, MA 01510-1517

Enrique Mosquea de Jesus
3 Scenic Dr
Worcester, MA 01602-2223

Esmil Rodriguez
20 Village Dr Apt 7
Southbridge, MA 01550

Fani Melgarlandaverde
66 Florence St Apt 3
Worcester, MA 01610-1218

Guy Dewitte
18 Bruce Ln
Southbridge, MA 01550-2304

Hershman, Fallstrom & Crowley
255 Park Ave Ste 604
Worcester, MA 01609-1930

Hilsi Sabillon
84 Providence St
Worcester, MA 01604-4204

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101

Janiris Rivera
7 Freedom Way
Worcester, MA 01605-3512

Jeramy Torres Pagan
106 Lincoln St
Fitchburg, MA 01420-3569

Jon Pederson
297 Cambridge St Apt 1
Worcester, MA 01603-2361

Jose Heguys-Martin
4 Virginia Dr
Rochdale, MA 01542-1202

Jose Reyes Tavaréz
410 Grafton St
Worcester, MA 01604-3820

Jose Silfa
99 Main St
Rutland, MA 01543

Josephe Sanchez-Colon
43 Salem St Apt 2
Fitchburg, MA 01420-5640

Joshua Lopez
26 Winslow Ave
Leicester, MA 01524-1113

Kevin A Martin
15 Kellette Dr Apt 8
Milford, MA 01757

Kovacs Law, P.C.
131 Lincoln St
Worcester, MA 01605-2408

Leury Garcia Guzman
6 Village Dr Apt 3
Southbridge, MA 01550

Luis Rodriguez-Caleron
47 Popponesset Ave
Mashpee, MA 02649-3033

Maisa Pigorete
20 Houghton St Apt 2
Hudson, MA 01749-2232

Marsh Affinity
PO Box 14404
Des Moines, IA 50306-3404

Massachusetts Dept. of Revenue
PO Box 7010
Boston, MA 02204-7010

Mattew Kornn
35 Mohave Rd
Worcester, MA 01606-2665

Nathaniel Torres Pagan
119 Day St
Fitchburg, MA 01420

Neil A Robidioux
9 Prouty Ln
Worcester, MA 01602-2219

Oscar Portillo Rodriguez
66 Florence St Apt 3
Worcester, MA 01610-1218

People's United Bank
Attn: CIF Dept. RC 655
PO Box 804
Brattleboro, VT 05302-0804

People's United Bank
PO Box 820
Burlington, VT 05402-0820

People's United Bank
John P. Barnes, President
850 Main St
Bridgeport, CT 06604-4917

Perla Rodgiguez
35 Mohave Rd
Worcester, MA 01606-2665

Ramon Reyes-Sanatana
437 Mechanic St
Fitchburg, MA 01420-2010

Richard Tejera
86 Worcester St
Southbridge, MA 01550-3410

Ryan Adams
105 Bull Run Rd
Holden, MA 01520

Santa Jiminez Guerrido
29 Whipple Ave
Smithfield, RI 02917-3925

Selvin Munoz-Sanchez
50 Grand St Apt 1
Worcester, MA 01610-1634

Shane Vale
560 N Main St
Leominster, MA 01453-1836

Stephanie Arocho-Ruiz
161 Dewey St
Worcester, MA 01610-1341

Stephen Forcier
556 Central St Lot 150
Leominster, MA 01453-6197

Velocitor Solutions
851 Blairhill Rd
Charlotte, NC 28217-1516

Vladimir Reynoso Hernandez
1228 Water St
Fitchburg, MA 01420-7260

Fill in this information to identify the case:

Debtor name **Gopher Courier Service, Inc.**
United States Bankruptcy Court for the: **DISTRICT OF MASSACHUSETTS, WORCESTER DIVISION**
Case number (if known) **4:21-bk-40929**

☒ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount	
2.1	<p>Priority creditor's name and mailing address</p> <p>Commonwealth Of MA unemployment Dept Unemployment Legal Dept. 19 Staniford St Fl 1 Boston, MA 02114-2502</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	unknown	\$0.00
2.2	<p>Priority creditor's name and mailing address</p> <p>Internal Revenue Service</p> <p>PO Box 7346 Philadelphia, PA 19101</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	unknown	\$0.00

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2.3	Priority creditor's name and mailing address Massachusetts Department Of Revenue PO Box 7021 Boston, MA 02204-7021 <hr/> Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	unknown \$0.00
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Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address A-Tech Automotive Co. 433 Boston Tpke Shrewsbury, MA 01545-3462 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	unknown
3.2	Nonpriority creditor's name and mailing address Alex Aulet 93 Central St Fitchburg, MA 01420-3128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.3	Nonpriority creditor's name and mailing address Angel Pagan Davila 17 Marshall St Apt 3 Fitchburg, MA 01420-7511 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,600.00
3.4	Nonpriority creditor's name and mailing address Angel Torres 30 Norcross Ter Fitchburg, MA 01420-3336 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,260.00
3.5	Nonpriority creditor's name and mailing address Bislim Krasniqi 237 Millbury Ave Millbury, MA 01527-3434 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,100.00

Debtor **Gopher Courier Service, Inc.**
Name

Case number (if known) **4:21-bk-40929**

3.6	<p>Nonpriority creditor's name and mailing address Budget Rental</p> <p>6 Sylvan Way Parsippany, NJ 07054-3826</p> <p>Date(s) debt was incurred ____</p> <p>Last 4 digits of account number ____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> unknown</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: ____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.7	<p>Nonpriority creditor's name and mailing address Business Supportive Financing LLC</p> <p>46 Copperfield Rd Worcester, MA 01602-1326</p> <p>Date(s) debt was incurred ____</p> <p>Last 4 digits of account number ____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> unknown</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: ____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.8	<p>Nonpriority creditor's name and mailing address Carlos Rodriguez</p> <p>42 Burncoat Ter Worcester, MA 01605-1302</p> <p>Date(s) debt was incurred ____</p> <p>Last 4 digits of account number ____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: ____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.9	<p>Nonpriority creditor's name and mailing address Dany Rodriguez</p> <p>44 Thomas St Apt 3L Southbridge, MA 01550-1906</p> <p>Date(s) debt was incurred ____</p> <p>Last 4 digits of account number ____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,780.00</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: ____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.10	<p>Nonpriority creditor's name and mailing address Daryl Smith</p> <p>161 Greeley St Clinton, MA 01510-1517</p> <p>Date(s) debt was incurred ____</p> <p>Last 4 digits of account number ____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,040.00</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: ____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.11	<p>Nonpriority creditor's name and mailing address Emmanuel Outeiral</p> <p>61 Salem St Fitchburg, MA 01420-5640</p> <p>Date(s) debt was incurred ____</p> <p>Last 4 digits of account number ____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: ____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.12	<p>Nonpriority creditor's name and mailing address Enrique Mosquera de Jesus</p> <p>3 Scenic Dr Worcester, MA 01602-2223</p> <p>Date(s) debt was incurred ____</p> <p>Last 4 digits of account number ____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: ____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

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3.13	Nonpriority creditor's name and mailing address Esmil Rodriguez 20 Village Dr Apt 7 Southbridge, MA 01550 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,670.00
3.14	Nonpriority creditor's name and mailing address Fani Melgarlandaverde 66 Florence St Apt 3 Worcester, MA 01610-1218 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,800.00
3.15	Nonpriority creditor's name and mailing address Francis McGurrian 29 Green Hill Ave Worcester, MA 01605-2227 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,900.00
3.16	Nonpriority creditor's name and mailing address Gregory Payano 126 Country Club Blvd Apt 163 Worcester, MA 01605-1525 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.17	Nonpriority creditor's name and mailing address Guy Dewitte 18 Bruce Ln Southbridge, MA 01550-2304 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,890.00
3.18	Nonpriority creditor's name and mailing address Hershman, Fallstrom & Crowley 255 Park Ave Ste 604 Worcester, MA 01609-1930 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	unknown
3.19	Nonpriority creditor's name and mailing address Hils Sabillon 84 Providence St Worcester, MA 01604-4204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,800.00

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3.20	Nonpriority creditor's name and mailing address Internal Revenue Service PO Box 7346 Philadelphia, PA 19101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	unknown
3.21	Nonpriority creditor's name and mailing address Israel Rivera 30 Norcross Ter # B Fitchburg, MA 01420-3336 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.22	Nonpriority creditor's name and mailing address Jancarlos Morales 285 Marcy St Southbridge, MA 01550-2362 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,600.00
3.23	Nonpriority creditor's name and mailing address Janiris Rivera 7 Freedom Way Worcester, MA 01605-3512 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,040.00
3.24	Nonpriority creditor's name and mailing address Jeramy Torres Pagan 106 Lincoln St Fitchburg, MA 01420-3569 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,560.00
3.25	Nonpriority creditor's name and mailing address Jon Pederson 297 Cambridge St Apt 1 Worcester, MA 01603-2361 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00
3.26	Nonpriority creditor's name and mailing address Jose Heguys-Martin 4 Virginia Dr Rochdale, MA 01542-1202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,069.00

Debtor	Gopher Courier Service, Inc. <small>Name</small>	Case number (if known)	4:21-bk-40929
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3.27	Nonpriority creditor's name and mailing address Jose Reyes Tavaréz 410 Grafton St Worcester, MA 01604-3820 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,260.00
3.28	Nonpriority creditor's name and mailing address Jose Silfa 99 Main St Rutland, MA 01543 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,300.00
3.29	Nonpriority creditor's name and mailing address Josephe Sanchez-Colon 43 Salem St Apt 2 Fitchburg, MA 01420-5640 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.30	Nonpriority creditor's name and mailing address Joshua Lopez 26 Winslow Ave Leicester, MA 01524-1113 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.31	Nonpriority creditor's name and mailing address Kevin A Martin 15 Kellette Dr Apt 8 Milford, MA 01757 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,500.00
3.32	Nonpriority creditor's name and mailing address Kovacs Law, P.C. 131 Lincoln St Worcester, MA 01605-2408 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,880.89
3.33	Nonpriority creditor's name and mailing address Leury Garcia Guzman 6 Village Dr Apt 3 Southbridge, MA 01550 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,600.00

Debtor	Gopher Courier Service, Inc. <small>Name</small>	Case number (if known)	4:21-bk-40929
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3.34	Nonpriority creditor's name and mailing address Luis Rodriguez-Caleron 47 Popponesset Ave Mashpee, MA 02649-3033 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.35	Nonpriority creditor's name and mailing address Maisa Pigorete 20 Houghton St Apt 2 Hudson, MA 01749-2232 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.36	Nonpriority creditor's name and mailing address Marsh Affinity PO Box 14404 Des Moines, IA 50306-3404 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	unknown
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3.37	Nonpriority creditor's name and mailing address Massachusetts Dept. of Revenue PO Box 7010 Boston, MA 02204-7010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	unknown
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3.38	Nonpriority creditor's name and mailing address Mattew Kornn 35 Mohave Rd Worcester, MA 01606-2665 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	unknown
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3.39	Nonpriority creditor's name and mailing address Megan Kornn 35 Mohave Rd Worcester, MA 01606-2665 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.40	Nonpriority creditor's name and mailing address Nathaniel Torres Pagan 119 Day St Fitchburg, MA 01420 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,400.00
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3.41	Nonpriority creditor's name and mailing address Neil A Robidioux 9 Prouty Ln Worcester, MA 01602-2219 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,250.00
3.42	Nonpriority creditor's name and mailing address Oscar Fernandez 106 Pine St Unit A Clinton, MA 01510 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,760.00
3.43	Nonpriority creditor's name and mailing address Oscar Portillo Rodriguez 66 Florence St Apt 3 Worcester, MA 01610-1218 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,040.00
3.44	Nonpriority creditor's name and mailing address Paul Massey 131 Lake St Webster, MA 01570-2022 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,400.00
3.45	Nonpriority creditor's name and mailing address People's United Bank John P. Barnes, President 850 Main St Bridgeport, CT 06604-4917 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	unknown
3.46	Nonpriority creditor's name and mailing address Perla Rodriguez 35 Mohave Rd Worcester, MA 01606-2665 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.47	Nonpriority creditor's name and mailing address Ramon Reyes-Sanatana 437 Mechanic St Fitchburg, MA 01420-2010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,040.00

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3.48	Nonpriority creditor's name and mailing address Richard Tejera 86 Worcester St Southbridge, MA 01550-3410 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,060.00
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3.49	Nonpriority creditor's name and mailing address Ryan Adams 105 Bull Run Rd Holden, MA 01520 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,400.00
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3.50	Nonpriority creditor's name and mailing address Santa Jiminez Guerrido 29 Whipple Ave Smithfield, RI 02917-3925 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.51	Nonpriority creditor's name and mailing address Selvin Munoz-Sanchez 50 Grand St Apt 1 Worcester, MA 01610-1634 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,520.00
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3.52	Nonpriority creditor's name and mailing address Shane Vale 560 N Main St Leominster, MA 01453-1836 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,800.00
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3.53	Nonpriority creditor's name and mailing address Stephanie Arocho-Ruiz 161 Dewey St Worcester, MA 01610-1341 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.54	Nonpriority creditor's name and mailing address Stephen Bourassa 553 Sunderland Rd Worcester, MA 01604-1345 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.55	Nonpriority creditor's name and mailing address Stephen Forcier 556 Central St Lot 150 Leominster, MA 01453-6197 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,520.00
3.56	Nonpriority creditor's name and mailing address Velocitor Solutions 851 Blairhill Rd Charlotte, NC 28217-1516 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	unknown
3.57	Nonpriority creditor's name and mailing address Vladimir Reynoso Hernandez 1228 Water St Fitchburg, MA 01420-7260 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	People's United Bank Attn: CIF Dept. RC 655 PO Box 804 Brattleboro, VT 05302-0804	Line <u>3.45</u> <input type="checkbox"/> Not listed. Explain ____	—
4.2	People's United Bank PO Box 820 Burlington, VT 05402-0820	Line <u>3.45</u> <input type="checkbox"/> Not listed. Explain ____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>0.00</u>
5b. +	\$ <u>149,839.89</u>
5c.	\$ <u>149,839.89</u>